

FILED OCT 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35573

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>317</b>  |  | PRIMARY REG. DIST. NO. <b>3066</b>  |  | Registrar's No. <b>2481</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Kirkwood Mo. St. Louis</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>  |  | c. LENGTH OF STAY (In this place) <b>1</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>  |  | 4713   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1046 N. Clay Ave.</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>1046 N. Clay Ave.</b>  |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Marietta</b>   |  | b. (Middle) _____  |  | c. (Last) <b>Rolph</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 14, 1950</b>                        |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   |  | 8. DATE OF BIRTH <b>Apr. 14, 1873</b>  |  |
| 9. AGE (In years last birthday) <b>77</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. 0</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Thomas Roberts</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Blaylock</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>John Rolph</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mable Doyle 1046 N Clay Ave</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast (left)</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>unknown</b><br>DUE TO (c) <b>unknown</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture + malnutrition</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr.</b><br><br><b>170X</b>              |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>170X</b>   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1 July, 1950</b> , to <b>17 Oct., 1950</b> , that I last saw the deceased alive on <b>14 Oct., 1950</b> , and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>H. Barnett M.D.</b>   |  |  |  | 23b. ADDRESS <b>2430 Jefferson, Kirkwood</b>  |  | 23c. DATE SIGNED <b>16 Oct 50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>Oct. 17, 1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Salem Mo.</b>                   |  |
| DATE REC'D BY LOCAL REG. <b>10-16-50</b>  |  | REGISTRAR'S SIGNATURE <b>H. Donke</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Stroot - Carroll 4600 Nat'l Bridge</b>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.